

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/8/02</u>		2 Serial/Patent # <u>09/888,061</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	6	1/18/02	\$ 200.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 200.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">5</td></tr></table>			1	9	--	4	4	5	5
1	9	--	4	4	5	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
We set a new requirement, we should have set a new time clock for reply											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Williams</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>E. Shirene Williams</u>		PHONE: <u>308-6712</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>5-23-02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**